

CHAPTER 12

SECTION 10.1

TRICARE OVERSEAS PROGRAM (TOP) PRIME - POINT OF SERVICE OPTION

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I. POLICY

A. Self-referred, non-emergency care provided to a TRICARE Overseas Program (TOP) Prime enrollee by a network or non-network provider, which is not either provided/referred by the beneficiary's PCM and specifically authorized by the appropriate Lead Agent or designee is payable only under the TOP Prime Point of Service option.

B. TOP Prime Point of Service claims are subject to customary TRICARE provisions regarding coverage.

C. The following deductible and cost share amounts apply to all TOP Prime Point of Service claims for health care services:

1. Enrollment year deductible for outpatient claims (no deductible applies to inpatient services): \$300 per individual; \$600 per family.

2. Beneficiary cost-share for inpatient and outpatient claims: 50 percent of the allowable charge after the deductible has been met (deductible only applies to outpatient claims). See [Chapter 12, Section 2.2](#) for information on catastrophic caps under the TOP.

D. A TOP Prime enrollee shall pay deductible and cost-share amounts for TOP Prime Point of Service claims even after his/her out-of-pocket expenses exceed either the fiscal year or enrollment year catastrophic cap amount. The government will pay no more than 50% of the allowable charge for any care covered under the TOP Prime Point of Service option.

II. EXCEPTIONS

A. TOP Prime enrollees are entitled to receive the first eight outpatient mental health sessions in a fiscal year, all emergency care, ancillary services, drugs, services provided by OCONUS Partnership providers, and services in Lead Agent designated countries from a TOP network provider without an authorization/referral. TOP Prime Point of Service cost-share may apply if the eight mental health sessions are provided by a TOP non-network provider without a Lead Agent, or designee, authorization.

B. The TRICARE Prime Clinical Preventive Services ([Chapter 12, Section 8.1](#)) do not require preauthorization or authorization. Most of the services covered as Clinical Preventive

Services are provided directly or ordered by the patient's PCM. In those cases that patients can self-refer for services (i.e., eye examinations), patients must use TOP network providers. If the patient does not use a TOP network provider and does not obtain an authorization, payment will be made under the TOP Prime Point of Service option.

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